

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/831104**  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*		*
	IND.	DER.	IND.	DER.	IND.	DER.		IND.	DER.	
1	1									
2										
3										
4		2								
5		2								
6		2								
7		2								
8		2								
9		0								
10		0								
11		0								
12		0								
13		0								
14		0								
15		1								
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										
TOTAL IND.										
TOTAL DER.										
TOTAL CLAIMS										
51										
52										
53										
54										
55										
56										
57										
58										
59										
60										
61										
62										
63										
64										
65										
66										
67										
68										
69										
70										
71										
72										
73										
74										
75										
76										
77										
78										
79										
80										
81										
82										
83										
84										
85										
86										
87										
88										
89										
90										
91										
92										
93										
94										
95										
96										
97										
98										
99										
100										
TOTAL IND.										
TOTAL DER.										
TOTAL CLAIMS										

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMDMENTS